



740952

FILED
2001 SEP 17 PM 12:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ACCOUNT NO. : 072100000032

REFERENCE : 475001 4334907

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pugh

ORDER DATE : September 17, 2001

ORDER TIME : 10:45 AM

ORDER NO. : 475001-005

CUSTOMER NO: 4334907

CUSTOMER: Ms. Heather D. Naaktgeboren
Hca The Healthcare Company
Po Box 750
One Park Plaza
Nashville, TN 37203

300004593573--8

CHANGE OF AGENT

NAME: LAWNWOOD MEDICAL CENTER
AUXILIARY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 SEP 17 AM 8:42
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

C. Coulliette SEP 17 2001

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Lawnwood Medical Center Auxiliary, Inc.

2. The mailing address of the corporation : 1700 S. 23rd Street, Fort Pierce, FL 34950

3. Date of incorporation/qualification: 12/6/1977 Document number: 740952

4. The name and address of the current registered agent and office:

Betty Gray

4861 Selvitz Road

Fort Pierce, FL 34981

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Pauline Clutter
(Signature of an officer, chairman or vice chairman of the board)

9/10/01
(Date)

PAULINE CLUTTER PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

9/17/01
(Date)

If signing on behalf of an entity:

BRIAN COURTNEY, ASST. V.P.

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***